

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045333

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 500Registrar's No. 3517

FILED DEC 10 1962

VS 300
Rev. 4/59

1-4000

240002

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4 0

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12 90-2

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Eureka

Length of stay in 1b

17 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Rt # 2

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

St. Louis

Inside Limits

Yes ☒ No ☐

c. CITY OR TOWN Eureka

d. STREET ADDRESS

Rt # 2

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Walter

Middle

C.

Last

Kruse

4. DATE OF DEATH

12/1/62

Month

Day

Year

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/1/1888

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Dentist

10b. KIND OF BUSINESS OR INDUSTRY

Self employed

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Wm. Kruse

13b. MOTHER'S MAIDEN NAME

Mathilda Simon

14. NAME OF HUSBAND OR WIFE

Jeanette Kruse

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

WW 1

WW 1

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Jeanette Kruse, Rt 2, Eureka

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

cerebral apoplexy

INTERVAL BETWEEN ONSET AND DEATH

5 minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arteriosclerotic hypertension

20 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Dissecting aortic aneurysm

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

11-22-1949 to 12-1-1962

and last saw her alive on 11-14-1962

Death occurred at

1:15 A.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Eureka, Mo.

22c. DATE SIGNED

12-1-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12/3/62

23c. NAME OF CEMETERY OR CREMATORY

St. Peter's Cemetery, Washington, Mo.

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

Schrader Funeral Home, Ballwin, Mo.

25. DATE RECD. BY LOCAL REG.

12-3-62

26. REGISTRAR'S SIGNATURE

John B. Murphy

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Richard Bopp

Licensed Embalmer No.

4584

P. O. Address

Ballwin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.